

State of New Mexico
Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 10/09/2012

Voucher Vchr VchrLineDescr Dislr Account Account Description Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount

00311433 1 I/S meals & lodging 1 542200 Employee I/S Meals & L 06101 NASH GAYLE-001 2013 10 0000094396 Nash, G. 9.24-9. 420.00

Total For Voucher 420.00

ack # 0000204148

10/15/12

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500
 Voucher ID: 00311433
 Voucher Style: Regular

Invoice Number: Nash, G. 9.24-9.28.12
 Invoice Date: 10/03/2012
 Total: 420.00

Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

*Pay Terms: Pay Now ☐ Schedule Payments ☐

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000099443

Location: 001

*Address: 1

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Gross Amount: 420.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 10/03/2012

Net Due: 10/03/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Message will appear on remittance advice.

Pay Group:

*Handling: RE

*Netting: N

Messages

Summary Invoice Information Payments

Voucher Attributes

Error Summary

New Window | Help | Customize Page | 

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Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD

Account At: Gross

Match Action

*Status:

Ready

☐ Pay Unmatched Voucher

Transaction Currency

*Source:

Tables

*Currency: USD

Rate Type: CRRNT

Exchange Rate: 1.00000000

Voucher Approval

*Approval:

Specify at this Level

Business Process:

PROCESS_VOUCHERS

Approval Rule Set:

Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur

SBI Number:

Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:



Tax Group

Saved

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 9/24/12
AGENCY CODE 66500
VOUCHER NUMBER 00311433

NAME <u>Gayle Nash</u>	CAR LICENSE NUMBER <u>001768</u>	POST OF DUTY <u>Las Cruces</u>	PROPOSED (ADVANCE VOUCHER) ☐
SOCIAL SECURITY NUMBER <u>0000699443</u>	MODEL <u>Nissan</u>	RESIDENCE <u>Las Cruces</u>	ACTUAL (RECOUPMENT VOUCHER) ☒
NORMAL WORK DAY <u>8am</u> TO <u>5pm</u>	YEAR <u>2011</u>		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS		
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS
9/24/12	7:00am		Depart Las Cruces to T or C to meet with NMMSVH staff Overnight T or C				85.00	85.00
9/25/12			Overnight				85.00	85.00
9/26/12			Depart To or C ABQ				85.00	85.00
9/27/12			Overnight				135.00	135.00
9/28/12			Santa Fe rates apply* Depart Santa Fe to Las Cruces partial day per diem-12.0 hrs				30.00	30.00
PER DIEM IS BASED ON (CHECK ONE) ACTUAL ☐ APPROVED RATES ☒				I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages. I further certify that no further payment will be sought for the travel/training covered by this voucher.				
				Employee Signature	Date			
				TOTALS			420.00	420.00
				Advance Amount @ 80%				
				Adjusted Reimbursement				

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

I, Gayle Nash
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DFA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE

X

Gayle Nash

09-24-12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #: 001768	
	Year: 2011	Make: Nissan	Model: Altima			

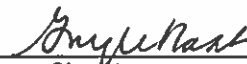
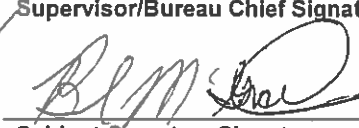
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.				
	Course Name: Meeting with NMSVH staff in T or C, tour Santa Fe and ABQ facilities				
	☒ Check if training is required		☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request: 09/07/12		Destination: Santa Fe, ABQ. & T or C			
	Departure Date: (month/day/yr) 09/24/12		Time: 07:00 AM		Return Date: (month/day/yr) 9/28/12	
					Time: 07:00 PM	
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: 3 @ \$85/day	\$ 255.00
546800: Registration – Vendor		Santa Fe Only: 1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 420.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 420.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	9-28-2012 Date	 Supervisor/Bureau Chief Signature	Date
Division Director/Hospital Administrator (As per specific division requirements)	Date	 Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	9/28/12 Date